CalEMA 2-950

Forensic Medical Report: Sexual Assault Suspect Examination

INSTRUCTIONS FOR CalEMA 2-950

These instructions contain the recommended methods for performing sexual assault suspect evidential examinations. This form is recommended for examination documentation, however, it is not required by state law. Follow local policy.

LIABILITY AND RELEASE OF INFORMATION:

This medical report is subject to the confidentiality requirements of the Medical Information Act (Civil Code Sec. 56 et seq.), the Physician-Patient Privilege (Ev. Code Sec. 990), and the Official Information Privilege (Ev. Code Sec.1040). It can only be released to those involved in the investigation and prosecution of the case: a law enforcement officer, district attorney, city attorney, crime laboratory, county licensing agency, and coroner. Records may be released to the defense counsel only through discovery of documents in the possession of a prosecuting agency or after the appropriate court process (i.e., judicial review and a court order).

Complete this report in its entirety. Use N/A (not applicable) when appropriate to show that the examiner attended to the question.	**Patient identification: This space is provided for hospitals and clinics using plastic plates for stamping identification information.**

GENERAL GUIDELINES FOR CONDUCTING SEXUAL ASSAULT SUSPECT EXAMINATIONS
• Examinations of suspects will yield more useful information if conducted within hours of the alleged assault.
• In most circumstances, a general guideline for conducting suspect exams is within 72 hours of the assault. Injuries such as lacerations, bruises, and bites, however, can be observed after a longer period of time.
• The longevity of most evidence is dependent upon activities of the suspect after the assault such as bathing, changing clothes, etc.
• For these reasons, 72 hours should not be viewed as a rigid cut-off. Professional judgment should be used.

A. GENERAL INFORMATION: Print or type the name of the facility where the examination was conducted.

1. **Enter the patient's name and identification number (if applicable).**
2. **Enter the patient's address and telephone number.**
3. **Enter the patient's age, date of birth (DOB), gender, and ethnicity; date/time of arrival; and date/time of discharge.**

B. AUTHORIZATION: Indicate jurisdiction where the incident(s) occurred.

1. **Enter the law enforcement officer's name, agency, identification number, and the telephone number of the agency.**
2. **Obtain the signature of the law enforcement officer to authorize payment for the evidential examination at public expense, date, time, and case number.**

C. MEDICAL HISTORY

1. **Obtain recent (past 60 days) information on any anal-genital injuries, surgeries, diagnostic procedures, or medical treatment that may affect the interpretation of current physical findings. This information is requested to avoid confusing pre-existing lesions with injuries or findings related to the alleged assault.**
2. **Describe any other pertinent medical conditions that may affect the interpretation of current physical findings.**
3. **Describe any pre-existing physical injuries.**

D. RECENT HYGIENE INFORMATION

Record hygiene activity if the alleged incident occurred within 72 hours of the examination. This information is relevant because it can affect the interpretation of findings. If the patient has bathed or showered, the examiner should still collect samples from the appropriate body areas to attempt to preserve any biological or trace evidence.

E. GENERAL PHYSICAL EXAMINATION: COLLECT AND PRESERVE EVIDENCE. RECORD FINDINGS.

1. **Record vital signs.**
2. **Record the date and time the examination was started and completed.**
3. **Record height, weight, hair and eye color, and indicate whether the patient is right or left-handed.**
4. **Describe the patient's general physical appearance.**
5. **Describe the patient's general demeanor.**
   - Describe behaviors such as cooperative, agitated, etc.
6. **Describe the condition of clothing upon arrival (rips, tears, presence of foreign materials).**
7. **Collect outer and under clothing worn during or immediately after the incident.**
   - Coordinate with the law enforcement officer regarding clothing to be collected.
   - Wear gloves while collecting clothing.
   - Have patient disrobe on two sheets of paper placed one on top of the other on the floor. Have patient remove shoes before stepping on the paper. Shoes may be collected, if indicated, and packaged separately.
   - Package each garment in an individual paper bag, label, and seal.
   - Carefully fold the top sheet of paper into a bindle, label, and seal. Discard the bottom sheet. Place this large bindle and all individually bagged garments into a large paper bag(s) with a chain of custody form, label, and seal.
   - Wet stains or other wet evidence require special handling. Consult local policy.
   - Give special focus to items that are close to the genital structures or otherwise have the highest potential to contain biological evidence from the victim according to the assault history. According to local policy, these items may be placed in the evidence kit.

E. GENERAL PHYSICAL EXAMINATION

8. Conduct a general physical examination and record all findings.

> **Physical Findings:** A physical finding includes observable or palpable tissue injuries, physiologic changes, or foreign material (e.g. grass, sand, stains, dried or moist secretions, or positive fluorescence). If none of the above are present, mark "No Findings".

- Record findings relevant to identification, e.g. tattoos, scars, body piercing, chronic skin lesions, distinguishing physical features, etc.
- Be observant for erythema (redness), abrasions, bruises, swelling, lacerations, fractures, bites, and scratches.
- Note areas of tenderness or induration.

DOCUMENTATION OF INJURIES AND FINDINGS USING DIAGRAMS AND LEGEND

- Record size and appearance of injuries and other findings using the diagrams, the legend, and a consecutive numbering system.
- Bruises: describe shape, size, and color.
- Use the legend to list and describe the injury/finding drawn on the diagram. Show the diagram letter followed by the finding number.
- Use the abbreviations in the legend to describe the type of finding. Example: A-1, EC 2x3cm red/purple indicates that the first finding on Diagram A is an ecchymosis (bruise) that is red/purple in color and 2x3 centimeters in size. See example below.

Locator #	*Type*	*Description*
A-1	EC	2x3 cm red/purple
A-2	DS	Dried secretion
A-3	CS	Control swab

- **Photograph injuries and other findings according to local policy.**
- **Use proper forensic photographic techniques.**
  - Use an appropriate light source and a scale near the finding.
  - Note: The plane of the film must be parallel to the plane of the finding.

9. Collect dried and moist secretions, stains (including semen, bloodstains, and saliva from bites), and foreign materials from the body.

- **Scan** the entire body with a Wood's Lamp (long wavelength ultraviolet light) or other alternate light source. Note fluorescent area(s) on the diagrams and record in legend as WL⊕.
- **Swab moist secretions** with a dry swab to avoid dilution. Label and air dry before packaging.
- **Swab dried stains and/or Wood's Lamp positive area(s)** with a swab (or multiple swabs for large stains) moistened with sterile, deionized, or distilled water. Label and air dry the evidence swab(s) before packaging. Make a control swab by swabbing an unstained area adjacent to the stain (when possible). Label, air dry, and package the control swab separately from the evidence sample.
- **Collect** foreign materials such as fibers, sand, hair, grass, soil, and vegetation. Place in bindles and/or envelopes as appropriate for each location on the body. Label and seal.
- **Record** all findings on the diagrams and the legend as shown above.
  - Use the legend locator number to label evidence collection envelopes.
  - Record the locations of swab collection sites and control swabs.

10. Collect fingernail scrapings or cuttings according to local policy.

- Use clean toothpicks or manicure sticks to collect scrapings from under the fingernails. Place scrapings from **each** hand into separate containers or bindles, then place into envelopes. Label (indicating right or left hand) and seal; **OR,**
- Use a clean fingernail cutter or scissors to cut the fingernails, and place the cuttings from **each** hand into separate containers or bindles. Package and label as above.

11. Collect chest hair reference samples according to local policy.

- According to local policy, pull (or have patient pull) 20-30 hairs representative of variations in length and color from different areas of the chest; **OR,** cut the hairs close to the skin. Package, label, and seal.

F. HEAD, NECK, AND ORAL EXAMINATION

1. **Examine the face, head, hair, scalp, and neck for injury and foreign materials.**
   - Give special focus to the lips, perioral region, and nares in the examination.
   - Record injuries and other findings using the diagrams and legend.
   - Photograph injuries and other findings according to local policy. A colposcope may be used.
2. **Collect dried and moist secretions, stains and foreign materials from the face, head, hair, scalp, and neck.**
   - **Swab moist secretions** with a dry swab to avoid dilution. Label and air dry before packaging.
   - **Swab dried stains and/or Wood's Lamp positive area(s)** with a swab (or multiple swabs for large stains) moistened with sterile, deionized, or distilled water. Label and air dry the evidence swab(s) before packaging. Make a control swab by swabbing an unstained area adjacent to the stain (when possible). Label, air dry, and package the control swab separately from the evidence sample.
   - **Collect** foreign materials such as fibers, sand, hair, grass, soil, and vegetation. Place in bindles and/or envelopes as appropriate for each location on the body. Label and seal.
   - **Cut** matted head or facial hairs bearing crusted material and place in a bindle. Package, label, and seal.
   - **Record** all findings on the diagrams and legend.
     - Use the legend locator number to label evidence collection envelopes.
     - Record the locations of swab collection sites and control swabs.
3. **Examine the oral cavity for injury and foreign materials (if indicated by the assault history, e.g., ejaculation by a male victim).**
   - Give special focus to frenulums, buccal surfaces, gums, and soft palate.
   - Record injuries, foreign materials, and other findings using the diagrams and legend.
   - Photograph injuries and other findings according to local policy. A colposcope may be used.
   - Collect foreign materials found in the oral cavity, e.g. hair. Package, label, and seal.
4. **Collect 2 swabs from the oral cavity for seminal fluid up to 12 hours post assault and prepare one dry mount slide from one of the swabs.**
   - Swab the gum to the tonsillar fossae, the upper first and second molars, behind the incisors, and the fold of the cheek (buccal space).
   - Label and air dry swabs and slide. Code the swab to enable the crime laboratory to determine which swab was used to make the slide. Package, label, and seal.
5. **Collect head and facial hair reference samples according to local policy.**
   - According to local policy, pull (or have patient pull) 20-30 hairs representative of variations in length and color from different areas of the head and face (if patient has a beard); **OR**, cut the hairs close to the skin. Package, label, and seal

G. GENITAL EXAMINATION

1. **Examine the inner thighs, external genitalia, and perineal area for injury, foreign materials, and other findings. Check the appropriate box(es) if there are assault related findings.**
   - Use a colposcope, if available, or employ other means of magnification.
   - Record size and appearance of injuries, foreign materials, and other findings using the diagrams, legend, and a consecutive numbering system. Note swelling and areas of tenderness and induration.
   - Record findings relevant to identification, e.g. tattoos, scars, body piercing, chronic skin lesions, etc.
   - Use the legend to help identify and describe the findings drawn on the diagram. Example: H-7 LA 1.5 centimeters means Diagram H finding #7 is a laceration 1.5 centimeters long.
   - Photograph injuries and other findings according to local policy.
2. **Record whether circumcised or not.**
3. **Collect dried and moist secretions, stains, and foreign materials.**
   - **Scan** the area with a Wood's Lamp (long wavelength ultraviolet light) or other alternate light source. Note fluorescent area(s) on the diagrams and record in legend as WL⊕.
   - **Swab moist secretions** with a dry swab to avoid dilution. Label and air dry before packaging.
   - **Swab dried stains and Wood's Lamp positive areas** with a swab (or multiple swabs for large stains) moistened with sterile, deionized, or distilled water. Label and air dry the evidence swab(s) before packaging. Make a control swab by swabbing an unstained area adjacent to the stain (when possible). Label, air dry, and package separately from the evidence sample.
   - **Collect** foreign materials such as fibers, sand, hair, grass, soil, and vegetation. Place in bindles and/or envelopes as appropriate for each location on the body. Label and seal.
   - **Cut** matted pubic hairs bearing crusted material and place in a bindle. Package, label, and seal.
   - **Record** all findings on the diagrams and legend.
     - Use the legend locator number to label evidence collection envelopes.
     - Record the locations of swab collection sites and control swabs.
4. **Collect pubic hair combing or brushing.**
   - Place a paper sheet under the patient's buttocks. Comb the pubic hair downward to remove any loose hairs or foreign materials. Collect and fold the paper under the buttocks with the comb or brush inside. Package, label, and seal.
5. **Collect pubic hair reference samples according to local policy.**
   - According to local policy, pull (or have patient pull) 20-30 hairs representative of variations in length and color from different areas of the pubic region; **OR**, cut the hairs close to the skin. Package, label and seal.
6. **Collect 2 penile swabs, if indicated by the assault history.**
   - Hold the swabs together as a unit and swab the glans, shaft, and base of the penis with a rotating motion to ensure uniform sampling. Avoid swabbing the urethral meatus. Use swabs moistened with sterile, deionized, or distilled water for these swabbings. Air dry, package, label, and seal.
7. **Collect 2 scrotal swabs, if indicated by the assault history.**
   - Collection of scrotal swabs is recommended because secretions from the victim may also be transferred to this area.
   - Hold the swabs together as a unit and swab the scrotum in a rotating motion, focusing on the area that is in closest proximity to the penis. Use swabs moistened with sterile, deionized, or distilled water. Air dry, package, label, and seal.
8. **Record other findings per history.**

All swabs and slides must be air dried prior to packaging (Penal Code Section 13823.11). Air dry in a stream of cool air for 60 minutes. Only place samples from one patient at a time in the swab drying box. Wipe or spray the swab drying box with 10% bleach before each use.

Labeling requirements: Swabs, slides, bindles, and small containers must be individually labeled with the patient's name and sample source. Code swabs and slides to show which slides were prepared from which swabs. Containers for these individual items must be labeled with the name of the patient, date of collection, description of the evidence including location from which it was taken, and signature or initials of the person who collected the evidence. Include the legend locator number, if the legend was used to document the location from which the evidence was collected. Package containers in a Sexual Assault Evidence Collection Kit and record the chain of custody.

H. RECORD ALL EVIDENCE COLLECTED AND SUBMITTED TO THE CRIME LABORATORY

1. **Record all items of clothing collected.**
2. **Record all foreign materials collected and the name of the person who collected them.**
3. **Record information about the oral/genital samples.**
   - Record the number of swabs and slides collected, the time collected, and the person who took the samples.

I. TOXICOLOGY SAMPLES

- Collect samples for blood alcohol/toxicology at the discretion of the examiner and/or law enforcement officer in accordance with local policy.
- Cleanse the arm with a non-alcoholic solution and collect 5cc of blood in a gray stoppered evacuated vial. Label vial and envelope, and seal.
- Up to 96 hours after suspected ingestion of drugs, collect a urine specimen (100cc) in a clean container. It is important to collect the first available sample.

J. REFERENCE SAMPLES: Policies pertaining to collection of reference samples and the time and manner of collection vary by jurisdiction. If collected at the time of the exam, ALWAYS collect after the evidence samples. For those jurisdictions not performing conventional serology, a buccal swab can be taken in place of the blood reference sample. Consult your local crime laboratory.

Blood:

- Collect blood sample in lavender and/or yellow stoppered evacuated vials as specified by local policy.
- A blood card is an option in some jurisdictions.
- Label vial(s) and envelope(s) and seal.

Buccal (inner cheek) swabs:

- Collect as a DNA reference sample.
- Rub two swabs gently but firmly along the inside of the cheek in a rotating motion to ensure even sampling.
- Air dry, package, label, and seal.

Saliva:

- **Note:** If a saliva reference sample is required by the crime laboratory, collect it whether or not an oral assault occurred.
- Collect sample by placing two swabs in the mouth and allowing them to saturate.
- Air dry, package, label, and seal.

Chest and facial hair:

- According to local policy, pull (or have patient pull) 20-30 hairs representative of variations in length and color from different areas of the face or chest; **OR**, cut the hairs close to the skin.
- Package, label, and seal.

Head hair:

- According to local policy, pull (or have patient pull) 20-30 hairs representative of variations in length and color from different areas of the scalp: **OR**, cut the hairs close to the skin.
- Package, label, and seal.

Pubic hair:

- According to local policy, pull (or have patient pull) 20-30 hairs representative of variations in length and color from different areas of the pubic region; **OR**, cut the hairs close to the skin.
- Package, label, and seal.

K. RECORD PHOTO DOCUMENTATION METHODS

- Document photographic methods used and areas which were photographed. Documentation must clearly link the patient's identity to the specific photographs of injuries and/or findings. For example, include a picture of the patient identification on the roll or use a databack camera, which can be programmed with the patient's identification number.

L. RECORD EXAM METHODS USED.

M. RECORD EXAM FINDINGS.

N. SUMMARIZE FINDINGS.

O. PRINT NAMES OF PERSONNEL INVOLVED. OBTAIN SIGNATURE AND LICENSE NUMBER OF EXAMINER.

P. EVIDENCE DISTRIBUTION: List to whom the evidence was given.

Q. OBTAIN SIGNATURE OF OFFICER RECEIVING EVIDENCE.